

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN696S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2009
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RENO		STREET ADDRESS, CITY, STATE, ZIP CODE 445 W. HOLCOMB LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as the result of a complaint investigation under State licensure conducted at your facility on 4/8/09. The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004. Complaint #NV00021344 was substantiated. (See Z230) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Z 000		
Z230 SS=G	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to monitor and assess the food and fluid intake of one resident resulting in hospitalization for hypotension associated dehydration. (#1) Findings include:	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z230	<p>Continued From page 1</p> <p>Resident #1 was admitted to the facility on 11/10/08 with diagnoses including difficulty walking, alcohol withdrawal, alcohol associated dementia, failure to thrive, spinal stenosis, hypertension, diabetes mellitus, and abnormality of gait.</p> <p>The resident had poor nutrition, low albumin, and low protein. Documentation in the record indicated the resident had very poor oral intake. Meal intake records indicated ten refusals of meals from 11/11/08 to 12/8/08 and an average intake of less than 32% for all recorded meals. Fluid intake records revealed an average intake of 476 cc's per day during his stay.</p> <p>On 11/14/08 the nurse practitioner noted that staff had indicated that the resident had a poor appetite. The nurse practitioner prescribed Megace as an appetite stimulant for one week only.</p> <p>On 11/20/08 the nurse practitioner noted that the resident was going for occupational therapy for occasional treatment, but is extremely lethargic and is not on any sedating medication.</p> <p>On 12/5/08 the nurse practitioner noted he does "nod out" quite frequently, but the cause did not seem to be related to medications.</p> <p>Nursing notes indicated the resident refused all attempts to assist with his eating and would tell them he would do it himself, get upset, or push their hands away. It was documented in the nursing notes on several occasions of attempts to encourage fluid intake, but the resident would refuse or drink very little. On one occasion on 12/6/08 the resident told a nurse "If you keep telling me to take more fluids, I will knock this cup</p>	Z230			

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Z230	<p>Continued From page 2</p> <p>off on the floor and it will make a mess."</p> <p>According to the assessment completed on admission, the resident was independent in eating and accepted fluids when offered. The nursing notes from 11/30/08 indicated that the resident kept dropping his utensils, spilling water, juice and milk all over the bed and knocking his tray of food onto the floor, but refused to be helped.</p> <p>On 12/8/08, the nurses notes revealed that the resident was up in a wheelchair, but was unresponsive verbally and with painful stimuli. The notes indicated that the nurse was unable to obtain a blood pressure and his oxygen saturation on room air was in the 70's. Normal is greater than 90%. Oxygen by mask at five liters per minute was administered; the resident's oxygen saturation increased to the high 80's. Orders were noted to send the resident to the Emergency Room.</p> <p>A review of the hospital records revealed a diagnosis of hypotension associated dehydration and associated metabolic acidosis. The resident improved with IV hydration and his blood pressure returned to normal the next day. Laboratory values on admission to the hospital revealed a white blood count of 17.7, hemoglobin of 11.3, creatinine of 1.7, bicarbonate of 17, and small acetone positive. Laboratory values on discharge after hydration were white blood cells 8.2, hemoglobin 10.2, creatinine 0.9, bicarbonate 21. There was no evidence of any infection. The resident was discharged from the hospital on 12/10/08 to another nursing facility.</p> <p>Interviews were conducted with the Director of Nurses (DON), dietician, and the unit manager.</p>	Z230			

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Z230	<p>Continued From page 3</p> <p>The dietician indicated there was no written criteria as to when intervention occurred for resident intake issues; she relied on the nursing staff and weekly weight reports to initiate changes in a resident's dietary regimen. The unit manager indicated there was no additional documentation of fluid or dietary intake information available. The nursing staff did not record fluid intakes during medication pass. The DON indicated she would fax any additional information related to risk assessment or criteria to document a resident's intake and output.</p> <p>Severity 3 Scope 1</p>	Z230			

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